

7000 1670 0004 6801 4372

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

OFFICIAL USE

Postage \$  
 Certified Fee  
 Return Receipt Fee  
 (Endorsement Required)  
 Restricted Delivery Fee  
 (Endorsement Required)  
 Total Postage & Fees \$

Postmark  
Here\*SX  
re: Not of Dep

Sent To  
 James Hall  
 Street, Apt. No., or PO Box No.  
 6269 Oxon Hill Rd., Apt. B-1  
 City, State, ZIP+4  
 Oxon Hill, MD 20745-3079  
 PS Form 3800, May 2000 See Reverse for Instructions

7000 1670 0004 6807 9999

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Postage \$  
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 Return Receipt Fee  
 (Endorsement Required)  
 Restricted Delivery Fee  
 (Endorsement Required)  
 Total Postage & Fees \$

Postmark  
Here\*SX  
re: Not of Dep

Sent To  
 James Hall  
 Street, Apt. No., or PO Box No.  
 10904 Hidden Creek Court  
 City, State, ZIP+4  
 Ft. Washington, MD 20744  
 PS Form 3800, May 2000 See Reverse for Instructions